PI

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

	•							
DUE First Semester County Superintendent February 15 to State Superintendent					Second Semester May 10 to County Superintendent May 24 to State Superintendent			
ETE THI	IS CLAIM FOR ST	ATE REIME	BURSEMEN	T FOR SC	HOOL BUS TRA	NSPORTATION:		
This claim is for the period beginning							·	
ICATIO	N:							
mation on	this form is complete an	d accurate to the	e best of my kn	owledge.				
	Signal	ure, Chair, Board	d of Trustees					
	Distric	et:				District Le	vel:	
06 Carter 0087 Ekalaka Elem					Elementary			
District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
15	1 Chalk Buttes	144	1.15	54	08/12/04			
15	1 MILL Iron	100	1.15	54	08/12/04			
15	2 Ridgway	y 160 1.15		54	08/12/04			
15	3 Beaver Flats	60	0.95	16	09/03/04			
	ETE THO In is for the ICATIO Imation on Per District # 15 15 15	February 1 to Cor February 15 to St ETE THIS CLAIM FOR ST In is for the period beginning ICATION: mation on this form is complete and Signat District # District # 15 1 Chalk Buttes 15 1 MILL Iron 15 2 Ridgway	February 1 to County Supering February 15 to State Superint ETE THIS CLAIM FOR STATE REIME In is for the period beginning	February 1 to County Superintendent February 15 to State Superintendent ETE THIS CLAIM FOR STATE REIMBURSEMEN in is for the period beginning	February 1 to County Superintendent February 15 to State Superintendent ETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SC In is for the period beginning	February 1 to County Superintendent February 15 to State Superintendent ETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRA In is for the period beginning	February 1 to County Superintendent February 15 to State Superintendent February 15 to State Superintendent ETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: n is for the period beginning	

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CO

CO

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501

160

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1.15

0.95

School District Claim for State Reimbursement for School Bus Transportation

08/12/04

09/03/04

State	
District	
County	

Helena, MT 59620-2501						School Bus Transportation County					
DUE DATES:	:	First Semester February 1 to County Superintendent February 15 to State Superintendent					Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPL	ETE TH	IS CLAIM FO	R STA	ATE REIMI	BURSEMEN	T FOR SCH	IOOL BUS TRAI	NSPORTATION:			
This clain	m is for the	period beginning		month	, day	20 and en	ndingm	onth da	20 v		
CERTIF	ICATIO	N:							<u>-</u>		
The info	rmation on	this form is comp	lete and	accurate to th	e best of my kn	owledge.					
Date	te Signature, Chair, Board of Trustees										
County: District:						District Le	vel:				
06 Carter 0097 Carter County H S				5		High S	chool				
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #		
33	CO	1 Chalk Bu	ttes	144	1.15	54	08/12/04				
60	CO	1 MILL Ir	on	100	1.15	54	08/12/04				

54

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2 Ridgway

3 Beaver Flats